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MASS LAYOFF STATISTICS

State of California

Labor Market Information Division

Employment Development Department

This survey is authorized by Section 462(e) of PL-300, the Job Training Partnership Act (JTPA). Your voluntary cooperation is needed to make the results of the survey accurate, comprehensive, and timely. The survey is conducted in cooperation with the Bureau of Labor Statistics. The information provided will be treated confidentially, will be accessible only to authorized persons, and will be used for statistical and JTPA program purposes.

We estimate that it will take an average of 10 minutes per respondent to complete this survey. If you have any comments regarding this estimate or any other aspect of the survey, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0090), Washington, D.C. 20212; and to the Office of Management and Budget, Paperwork Reduction Project (1220-0090), Washington, D.C. 20503.

	UI Account Number 0001212121				Establishment Name Company Name Trade Name		Company Name	
	SIC code Type of Business OWN code Type of Ownership Quarter in which separation occurred 2000-1							
)	Establishment Address		Company Location	
				City, State, Zip code		City CA 99999		
	Number of Initial Claims Filed UI Claim		UI Claims	Telephone	e Number	(999) 999-9999		
	Contac	ct Person Co	mpany Human Re	esources Best tir	ne to call	Fax Number	(999) 999-9898	
1.	Total p	ersons sepa	rated Nun	nber of employ	ees effect	ed by the layoff		
	Total employment at affected establishment prior to la				-			
3.	Actual	ial date(s) of separation(s) When were employees laid off?				nployees laid off?		
4.	Primary reason for separation (please check, comment below)					Why were emp	loyees laid off?	
	(04) E (07) E (10) C (13) C (16) E (19) E (22) E (25) F (28) III (31) L	Contract can Contract com Domestic relo	pleted pocation of destination d related culty etition		(37) (40) (43) (46) (49) (52) (55) (58) (25) (64) (90)	Model changeover Natural disaster Overseas relocation specify country of Plant or machine of Product line discont Reorganization with Seasonal Slack work Vacation period Weather-related Other (explain)	destination	
5. Seco	ndary re	eason for se	paration (please o	check, comment	below) Oth	er/additional reas	sons for layoff	
	(04) E (07) E (10) C (13) C (16) E (19) E (22) E (25) F (28) III (31) L	Contract can Contract com Domestic relo	pleted pocation of destination d related culty etition		(37) (40) (43) (46) (49) (52) (55) (58) (61) (64) (90) (96)	Model changeover Natural disaster Overseas relocation specify country of Plant or machine of Product line discont Reorganization with Seasonal Slack work Vacation period Weather-related Other (explain) Federal Government	destination repair ntinued thin the company	
	(J-/) I	viatoriai siitti	iago		(90) (97)		acks defense-related	

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6.	Operating status of the worksite where the separations occurred (please check):							
	(1) es	ablishment and worksites remain of ablishment remaining open, but er layoffs are closed or planning to clo	tire worksites affected	No change in worksite				
	(2) es wi	ablishment and all woksites are re nin affected worksites have stoppe erations, or shifts at affected works be permanently cut	maining open, but divisions d or are planning to stop	Shifts are stopped but no change in worksite				
	(3) pa	tial closure of single-unit establish closure of either mult-unit or single		Partial closure of a company Closing business				
7.	Will the	same workers be recalled?						
		recall expected (please check):						
8.	If recal	expected, how many to be recalled? Percentage of employees to be recalled						
	(1) 10 (2) mo	recall expected % recall expected re than 50% but less than 100% wi re than 0 but less than 50% will be						
9.	If recall expected, in how many days? How soon will employees will be called back?							
		 (1) recall expected in 89 days of (2) recall expected in 90-180 days. (3) recall expected in 181-270 of (4) recall expected in 271-364 of (5) recall expected in 365 days. 	ays days days					
List cou	inty and	zip code of location where layoff o	ccurred (if more than three, list	primary counties):				
	Provid	the zip code(s) of the worksit	e(s) where layoff took place	e. 				
COMMENTS:		Please provide information on the type of business and seasons of the business						
		to explain the number of unem	ployment claims. Possible f	uture layoffs?				
For Stat	e use on	v						

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